

L23000283720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

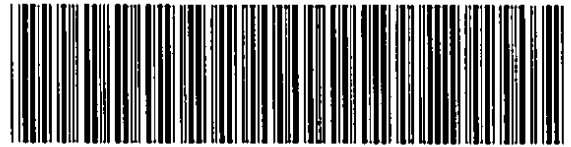
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
2023 JUN 27 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2023 JUN 27 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from account: 120210000160: \$25.00

Authorization Signature: *[Signature]*

SOLADELANTE LLC L23000283720

Business DOC#

____ Certified Copy

 Certificate of Status

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☐ Officer/Director
☐ Limited Liability
☐ Domestication
☒ **CORP**
☐ **LLLP**

AMENDMENTS

☒ Amendment
☐ Resignation of R.A. or member
☐ Dissolution
☐ Change of Registered Agent

☐ **Conversion**
☐ **Amended and restated Articles**
☐ **Statement of Correction**

OTHER FILINGS

Trademark
Annual Report
Fictitious Name
APOSTILL
 COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOLADELANTE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTON MANAEV

Name of Person

Firm/Company

250 174TH ST APT 314

Address

SUNNY ISLES BEACH, FL 33162

City/State and Zip Code

manaev1008@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

manaev1008@gmail.com

561
at ()

5394500

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

SOLADELANTE LLC

2023. 127 PM 2:38

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

OFFICE OF STATE
RECORDS, FL

The Articles of Organization for this Limited Liability Company were filed on 06/12/2023 and assigned
Florida document number L23000283720.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

•

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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2023 JUN 27 PM 2:38
CLAY COUNTY STATE
TREASURER, FL

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 14, 2023

Anton Mauerer

Signature of a member or authorized representative of a member

Anton Manzev

Typed or printed name of signee